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ABSTRACT

The Forging Collaborative Partnerships Project in Waterloo, Iowa is a collaborative venture to assist voluntary agencies in developing tools and strategies to strengthen collaborative relationships among public and nonprofit child welfare agencies and other key stakeholders as they adopt a family-focused philosophy. This monograph details how the community began to move from the traditional methods of service delivery to children placed in foster care and residential treatment to a delivery system structured around a neighborhood-based, family-focused, public/private partnership. The monograph outlines the methods used to create and build the network of partnerships necessary to operate the service delivery system. Also discussed are the start-up lessons and tools related to changes in service delivery, funding methodology, improved outcomes, and consumer participation. The monograph's two appendices articulate the philosophy and principles of the project and list the resource tools used to assist in decision making and project management. Contains 13 references. (KB)

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FORGING COLLABORATIVE PARTNERSHIPS

The Waterloo Neighborhood Project

Anne Gruenewald

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Introduction

Over the past several years, the Child Welfare League of America (CWLA) has expressed a growing interest in expanding the degree to which families of children in out-of-home care are involved in case management. One result of that interest was CWLA's Out-of-Home Care Task Force, which examined the significant issues raised by increased family involvement.

In 1992, CWLA convened a Family Focus Forum to consider the issues involved in helping traditional, child-centered agencies move toward a stronger family focus. The report from that meeting laid the groundwork for strategies to identify and address such issues as adapting agency culture, staff role changes, training and retraining, program integration, and funding.

CWLA's initiative, "Mapping a New Direction: Bringing Families into Traditional Child Welfare Services," built on those initial efforts to develop comprehensive training, technical assistance, and consultation services that will help child welfare agencies adopt family-focused policies and practices to enhance the array of child welfare services they provide.

In 1996, CWLA established a follow-up initiative entitled, "Mapping a New Direction II: Forging Collaborative Partnerships to Support Family-Focused Out-of-Home Care." The primary focus of this initiative is to assist voluntary agencies in developing tools and strategies to strengthen collaborative relationships among public and nonprofit child welfare agencies and

other key stakeholders as they adopt a family-focused philosophy [Braziel 1996].

This monograph is an account of how one community (Waterloo, Iowa) began to move from the traditional methods of service delivery to children placed in foster care and residential treatment to a delivery system structured around a neighborhood-based, family-focused, public/private partnership.

The Project

In the fall of 1996, the Blackhawk County Department of Human Services (DHS) and Four Oaks, a private, nonprofit human service agency, formed a public/private partnership in Waterloo, Iowa. These two organizations agreed to design and operate a demonstration project to field test service delivery system change for children in out-of-home care, as part of the CWLA's Forging Collaborative Partnerships initiative. The two agencies agreed that this prototype would operate at the neighborhood level and would involve a continuum of individualized, family-focused services. Although DHS and Four Oaks would lead this endeavor, the project would occur in the context of full community participation.

The Waterloo Neighborhood Project is centered in a neighborhood surrounding a middle school. Within this targeted neighborhood, children and youths who are referred to or currently served in out-of-home care are eligible for inclusion. The project is currently working to develop/employ the full range of individualized family-focused services in cooperation with other traditional providers and natural/nontraditional supports. The service network includes residential treatment, foster family mentors, kinship care, and family preservation and support services—and the project's main goal is to establish and maintain an effective network, so that services are available and used in a fluid, flexible way. As a result, the network offers staff continuity for the child and family throughout the project.

The project's success is measured by outcomes that indicate reductions in out-of-home lengths of stay and costs of care, and those outcomes also demonstrate improvements in child/family functioning and permanency placements. But perhaps the most important goal of this project is to involve families as decision makers in service design and delivery. It is the intent of this pilot to test the hypothesis that families can increase the positive outcomes and decrease the costs and length of care if they are fully vested partners with public and private agencies.

Purpose of this Monograph

This monograph looks at how this community developed its vision of service delivery changes and system reform and examines the experiences it gained while implementing that vision. The case study outlines the methods used to create and build the network of partnerships necessary to operate a neighborhood-based, family-focused service delivery system. The monograph then discusses the start-up lessons and tools related to changes in service delivery, funding methodology, improved outcomes, and consumer participation. The best practice concepts and principles presented in Appendix A are documents we "borrowed" or developed ourselves to articulate the philosophy and principles of this project. Finally, Appendix B provides the "resource tools" that we developed to assist us in decision making and project management. References to these resource tools are indicated throughout the text.

Note: There is much more work to be done to assure that full implementation of this demonstration project occurs, that development and maintenance plans are operating, that desired outcomes are being achieved, and that acquired knowledge/skills can be replicated. This later-stage material, however, is not covered in this monograph, because it has not yet occurred.

Project Development

Systems that respectfully involve the child's extended family and community in decision making have been successful in locating appropriate placements and reducing the child's time in care. [Welty & Kroll 1996]

Background

The Waterloo Neighborhood Project was conceived as a direct result of community needs and business decisions. Waterloo, Iowa, is a community of 66,500 located in northeast Iowa, and Blackhawk County is the state's most ethnically diverse, with a 14% minority (primarily African American and Hispanic) population. The farm crisis of the 1980s created a major economic downturn and population loss that this community is still struggling to overcome. Blackhawk County, on average, has higher rates of homelessness (in 1994 the county had 355 homeless children, compared to the state average of 232); poverty (19.4% of children); school dropouts (58% graduation rate); births to teens (12.7%); drug and alcohol use and abuse; and single-parent households (26.5%). Further, Blackhawk County has rates of foster care and residential placements (6.8 per 1,000) that far exceed state averages.

The Blackhawk County DHS realized that, with shrinking resources and increasing demands, it needed to redirect resources toward achieving better outcomes. Therefore, DHS began to lay the groundwork for changing the way it does business. As Area Administrator Evan Klenk said, "Part of the public agency's role is to help the community build capacity, take initiative and responsibility, and provide supports. How [DHS] become[s] part

of the community, and how the community becomes involved in supporting families, will determine how well we will overcome these challenges."

Forging Collaborative Partnerships

The CWLA's Forging Collaborative Partnerships project fit in with the direction and thinking of DHS in Waterloo: improved community assets, a neighborhood focus, a partnership approach, an investment in prevention services and natural supports, and less reliance on out-of-home care.

The project was also a fit for Four Oaks, for several reasons. The agency has a strong track record and continued interest in developing an array of innovative family-based services, and this project offered another such opportunity. Four Oaks has invested heavily in community collaborations, joint ventures, and other forms of partnerships with other private agencies as a way to improve and enrich services. In addition, sharing leadership in a public/private community partnership was intriguing. Four Oaks Executive Director Jim Ernst believes, "The special role of the not-for-profit agency is to balance mission with business."

Finally, the collaboration project coincided with the goals and activities of the Blackhawk County Decategorization Project, which is spearheaded by the DHS, juvenile court, and the County Board of Supervisors. (Decategorization is the name given to all counties in Iowa that have agreed to develop a local governance structure and pool resources toward the goal of developing a community-based, family-centered human service delivery system. A form of devolution, approximately 80% of Iowa's 99 counties are now operating these Decategorization Projects.) The Blackhawk County Decategorization Project oversees and directs flexible use of local resources to build community capacity for prevention services and neighborhood supports. The Decategorization Project's Community Activities Committee, which plays an important role in this project, is made up of vari-

ous community stakeholders (educator, judge, minister, city government, parent, etc.)

Defining and Developing the Partnerships

As noted at the beginning of this monograph, several partnerships are operating simultaneously in this project: the two lead agencies, private providers, community representatives, parents, and neighbors. The initial partners, Blackhawk County DHS and Four Oaks, began preliminary project planning in July 1996. The purpose for this early-stage planning was to further develop the lead partnership by crafting a proposal and workplan that could be used to enlist widespread community interest and investment.

The initial partners developed the plan to reflect the philosophy and principles of the project (see Appendix A). Listed below are the critical features of that plan:

- The middle school was chosen because of its inner city location and the needs of the surrounding neighborhood, the assets already in existence in the school and neighborhood, and the positive and receptive response of school leaders to the project.
- The highest rate of residential treatment placement is with older adolescents. To offset this trend at an earlier age, young adolescents (11 to 15 years old) currently in, or at imminent risk of, placement in residential treatment were identified as the starting point for piloting a neighborhood-based, family-focused approach.
- Residential treatment would be used as a brief support to families, schools, and community-based supports. The project emphasizes the development of natural supports and community-based options, including kinship care, respite, and family foster care. Family-based residential treatment would be used as crisis stabilization for up to two months per child.

- Service providers would form a network and share responsibility for case outcomes. A provider partnership agreement would be developed that required service integration at the case level (**Resource Tool**: Provider Partnership Agreement, p. 29).
- The project would partner with families to determine and support safety, stability, and permanency for children. Family case conferencing (family unity meetings) would be used at referral to ensure full participation in case planning.
- Several community forums would be conducted during the planning phase of the project to get neighborhood input and involvement. These forums would be planned and the results reviewed by the Decategorization Project via the Community Activities Committee (**Resource Tool:** Community Activities Committee, p. 30).

The initial partners presented the plan to the Community Activities Committee in August 1996. That committee agreed to help plan and evaluate the results of the community forums. Community representatives on the committee also agreed to provide guidance regarding coordination and development of the project's key innovations.

The plan was also presented in September to a meeting of providers representing both traditional child welfare services and community-based supports. By October, a core group of providers agreed to form the Partnership Committee. This network of agencies met for three months to develop the mechanics of the referral system and outline interagency case operations. Since December, just before the first cases were admitted to the project, this committee has been meeting weekly for the purpose of managing case progress and the provider partnerships. The Partnership Committee provided training on family support principles and family case conferencing for public and private agency staff during the planning period.

Neighborhood Involvement

The first community forum for families and the neighborhood was held in October, followed by a second in November, and a third in January. The focus of these forums was on getting parent and neighborhood involvement in the project, but the critical factors were building interest and attendance, then inviting input and listening to it. By the third meeting, these ingredients were present.

All three events were held in the evening at community sites. Meals and child care/transportation were available. The middle school hosted two of the three events, and as a result, the project gained several allies. The school principal attended all three events and has provided invaluable leadership, support, and investment in the project. The presidents of two tenant associations also used their participation to personally commit to helping the project with community organizing and development activities.

Each forum started with a brief description of the project and introduction of the partners involved. The key purpose, however, was to engage community participants in discussions concerning their perceptions about the community's needs and assets regarding at-risk youths and families, input and advice about how the project can best address those issues, and personal interest in becoming involved or connected to the project.

The vast majority of attendees at the first forum were professionals; by the third meeting the majority of attendees were neighborhood members. Attendance size ranged from a low of 25 at the first meeting, to more than 50 at the second meeting, which was held at the community hospital. At this second event, the project was showcased in a presentation on the county's Decategorization Project and goals and received local media coverage.

The preparation and follow-up to these events have proven to be even more important that the activities themselves. Recruitment of partners, both service providers and community participants, is labor-intensive and requires more than fliers and general announcements. A special interest meeting to identify potential neighborhood foster parents interested in working with project youths and their families was held in October 1996, with good results. But gaining the attention and interest of community, neighborhood, and parent leaders takes persistence, personal connections, and a project that responds to their most fundamental concerns. For the Waterloo neighborhood, helping the community's youths to succeed at home and in the community is a touchstone for community revitalization.

Although the first community forum had the lowest overall attendance and parent/neighborhood representation was minimal, it did the spark the referral project. The school principal heard the possibilities for some of his most challenging and underserved students, and offered to partner with Blackhawk County DHS, private agencies, and parents on this project if these children could be included. This invitation ignited a flurry of preparation activities that launched and solidified the Partnership Committee, which met for the first time following this initial community forum.

Project Implementation

The project's implementation depended on reengineering how traditional referrals were made for child welfare services, how the public and private agencies divided up service delivery responsibilities (and turf), and how families were viewed and involved in case planning. And that work was made possible by the preceding year's groundwork laid by the DHS Service Supervisor, who provided the leadership for consensus-building between the public child welfare agency and private providers. The Supervisor used the concept of *joint case planning* (which came to be called *case consultation*) as the means to identify the obstacles that prevented true case-level partnership, make a case for jointly addressing problems, and clearly identify that both public and private agencies' roles would need to change.

The Supervisor believes that, "It was critical to have DHS indicate that they didn't need to control or have the contract dictate everything. But it was also important to set the tone that managing resources would be a shared responsibility and candid issues would be dealt with openly, like turf problems between private agencies."

With that foundation, the Partnership Committee was able to focus on the best ways to achieve the desired outcomes through redesign of the referral/admission service delivery process.

Referral and Service Delivery Decisions

One of the first deliberations was how providers would participate and coordinate responsibility for a case. As there was no funding available for this work, each agency had to determine whether to commit to the substantial planning time involved in this partnership and on each case—and together agree on how (**Resource Tool**: Provider Participation Options, p. 31).

Consistent with the project's principles, the Partnership Committee chose a case approach, which generated the need to identify and fund a project case coordinator (**Resource Tools**: Provider Participation Options, p. 31, and Case Coordinator Responsibilities, p. 32). This function would provide both the coordination of and attention to recruiting neighborhood and community supports for children and families. The roles of public agency worker, project case coordinator, and provider agency partners would be further delineated and customized to each case.

The mechanics of operating this service delivery design centered on how to take referrals from a wide variety of inputs, how to screen referrals appropriately "difficult enough" to serve as demonstration cases, and how to involve families as partners on each case. (**Resource Tool**: Project Flow Chart, p. 33).

Referrals to the project could be received from parents, schools, DHS or juvenile court, agencies, or neighborhood representatives. A case consultation team, consisting of representatives of public and private agencies, reviews all children/youth at risk of placement in residential treatment and screens for inclusion in the project. The Partnership Committee then makes case-specific plans based on the results of a family case conference (also called a family unity meeting). The decision to use a family case conference at the point of referral was a critical link between best practice philosophy and service delivery operations. This initial meeting with the family occurs *before* the Partnership Committee meets to make case-specific plans. In this way, services are designed based on the family's goals and inputs.

Although services are customized to match the needs of each youth, there is a general pattern of service delivery in this project. Children referred will typically begin the project through a placement in residential treatment, whether by shortening an existing placement (diversion) or by using a brief initial stay (crisis stabilization). Following residential treatment, aftercare services will be provided and may include intensive support, therapy, and skill-building services to the child and family (birth, foster, adoptive, kinship, or other permanent family option); family foster care or day treatment; additional crisis/respite in residential treatment as needed; and a wide array of community, school, and neighborhood supports.

Project Progress and Outcomes

The weekly Partnership Committee meetings have become the forum for monitoring, managing, and troubleshooting case progress. This meeting now operates to oversee the private/private and public/private partnerships on each case (**Resource Tool**: Case Progress Management Chart, p. 34). This is also the arena where partnership commitments and performance are identified for problem solving as it relates to achieving case outcomes. The results to date are modest but encouraging (**Resource Tool**: Project Status Report, p. 35).

Start-Up Lessons

While the emphasis on collaboration to address child and family needs has moved from the end vision of "service collaboration" and "service integration" to a broader one of "community collaboration" and "community building," only the first, tentative steps have been taken to make this a reality. [Bruner 1996]

What Partnership Really Means

Sue Mueller of Alternative Treatment Associates, one of the project's partners, reflected on the benefits of the partnership approach between private agencies: "The exchange of ideas on how to blend programming strategies is unprecedented. We come in with a common commitment to kids and families—which is why we all got into the field." Clearly, the changes in the case-level public/private and private/private working relationships has been palatable and resulted in some promising changes in service delivery. The tools and methodologies that have been employed with success (and documented in this monograph), have focused on practical techniques that are aligned with the concepts and principles of best practice.

But instruments and techniques cannot replace individuals and organizations that agree on and together take responsibility for achieving a common set of goals and outcomes. It is this collective mission and willingness/ability to share the workload and overcome the obstacles to achieve those ends that makes for successful partnerships. This is true at and between each level: direct practice, program, organization, and community.

Partnering at the Case Level

Initial lessons have emerged at each level. For direct practice, it is periodically necessary to conduct scheduled, deliberate

reviews of how the partnership is operating, what the resulting impacts are for children and families, and what can be improved. This lesson became evident during the process of preparing this monograph: public/private provider partnerships must be revisited, monitored and managed, and the results used to inform and modify project operations and planning. The danger in this lesson is that managing those provider relationships can become so interesting, complex, and challenging that it overshadows the central purpose of the provider partnerships: our partnerships with families.

Partnering at the Program Level

For programs, the trick is integration: how to individualize services and make user-friendly connections, such as staff continuity, work across and between necessary operational structures. This lesson is conceptually understood; plans for what strategies to target and how to accomplish them are not yet in place. One example that is central to the project is the use of out-of-home care: how can proven models of family-based residential treatment and family foster care be readily available for crisis support, respite, and permanency?

Partnering at the Organizational Level

For organizations, the struggle is on learning ways to collaborate and develop in ways that will result in the best service delivery system for the community. This lesson is not fully understood, but the desire to figure out "win-win" strategies is clearly present. It now appears that the successful organizational partnerships will find creative, flexible solutions to funding, regulation, and technology that supports both best practice and business interests. This project set out to use capitation or case rates to maximize funding flexibility. For many good reasons this homework is undone, but cannot remain incomplete.

Partnering at the Community Level

For community partnerships, the critical issue is participation and involvement. Energizing and engaging disenfranchised neighborhoods and a disenchanted public in efforts to help troubled children and families succeed is uncertain and can be discouraging work. The lesson of the community forums is affirmation: figuring out how to succeed is worth the effort. One key strategy that lies ahead is finding linkages to other communities wrestling with developing community partnerships for children in out-of-home care.

The Road Ahead

What kind of community networks need to be established to effectively work with families? How would you approach them differently, now that you are more family focused? [Braziel 1996]

Getting Better

The start-up lessons point to what must be improved. The project needs to develop and carry out a comprehensive plan for training and technical support. Although it is hard to find time and resources to do, in the long run it saves money and results in better outcomes. The case tracking and program evaluation systems need attention. Rudimentary methods will not generate the information necessary to compare results and demonstrate cost benefits. And the purposes and methods employed to involve *all* families must be diversified and uplifted.

In addition, some opportunities that have presented themselves must be exploited. Blackhawk County is the sole recipient of a state Family-to-Family planning grant. This is an extraordinary windfall for recruiting neighborhood-based foster family mentors and kinship care options that benefit the community and project children/families. Likewise, the interest of community and school leaders in developing positive activities for neighborhood children and families can be capitalized on by directing public and private resources (i.e., staff to supervise summer youth activities) to support them. And finally, additional community forums and planning activities must be conducted to generate additional new partners and possibilities.

Getting Stronger

Plans have already begun on expanding project concepts to other communities in the northeast quadrant of Iowa. Why consider expanding such a young, vulnerable project? In a rural state like Iowa, the volume of children and families in out-of-home care and the different, unique features of communities (such as population size that varies from 6,500 to 65,000) presents the necessary elements that must be considered and addressed in "going to scale." The ability to compare and collaborate between proximate communities, and the capability to construct a long-range funding strategy that benefits from the support and resources of the regional offices of DHS and the Juvenile Court, are critical systems reform strategies at the next level.

In the next chapter of development, the twin strategies of better and stronger must be both individually successful and run parallel to achieve this project's ambitious goals

Appendix A
Best Practice Concepts and Principles

Definition of Public/Private Partnerships

In a public/private partnership, two or more parties, at least one of which is a public sector entity, agree to work cooperatively toward a mutual goal. These partnerships exhibit a number of characteristics:

- Shared commitment of the partners to a mutual goal as manifested in their investment of financial and human resources, information, capital, or physical facilities.
- An element of shared risk, whether it be financial, technical, or liability.
- Mutual benefit: ideally, partnering enables both the public and private sector to achieve outcomes superior to those which were possible by acting in isolation.
- Shared planning.

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Effecting Change in Service Delivery Systems

Effective service integration initiatives share certain characteristics.

- They are school-linked, providing services and programs for children and families from a school or group of schools.
- They are rooted in the community and are closely connected to state government, having the backing and involvement of those who use services, those who provide them, and those who help pay for them.
- They are data driven. They develop comprehensive community profiles that establish baseline indicators showing how well children and families are faring, how well services are meeting family needs, and where gaps in services exist.
- They are financially pragmatic, using existing resources fully. External support is used primarily for planning and to provide enough financial stability to ensure that pilot efforts lead to systemwide policy changes.
- They use new forms of interprofessional preservice and inservice education, training, and leadership development.
- They engage all citizens in decisions about the social and economic well-being of children and families.
- They balance the political and technical dimensions of systems change [Melaville et al. 1993].

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Array of Family-Based Services

Family-based services promote the safety and well-being of children by supporting, preserving, reunifying, treating their families, and/or creating new families. Family-focused out-of-home care is a systems approach that integrates attitudes, values, and practices. Families are full partners in planning and decision making about interventions designed to ensure optimal family connectedness throughout and following a child's placement.

	Family Support	Family Preservation	Family Reunification	Family Alternatives
Definition	Community-based and determined help for all families that enables them to care for their families successfully.	Helping families, through a respectful and strength-oriented approach, feel more capable in managing their daily lives in order to remain together or stay connected.	Activities, conducted in a timely fashion, that bring individuals who have lived apart back together in healthy ways to achieve their highest and most long-lasting level of connection.	The creation of new formal (adoptive, guardianship) or informal (foster, caretaker) families for those children whose families are unwilling or unable to provide for their safety or well-being.
Goal	Help families become economically and functionally self-sufficient.	Maintain family integrity by teaching parenting, communication, problem-solving, and home management skills.	Reconnect separated families by restructuring behaviors, interactions, and relationships.	Seek legal resolution, permanent placements, and appropriate redefinition of relationships for children and families unable to reunify.
Services	Networking family and community resources, family life counseling, parent education, family assistance fund, financial management, transportation, community advocacy, child care, family center.	Crisis intervention, parenting skills/supports, homemaker services, leisure and recreation, family therapy.	Blend of family support, family preservation, and residential treatment.	Special needs adoption; kinship, permanent family foster care, guardian placements; independent living; group/institutional care.

Characteristics of Family-Based Services

- Practice and programming recognizes that the strengths of family functioning are the foundation for changing behaviors and for problem solving. Family strengths are used to promote children's healthy development.
- Out-of-home placements are viewed as part of the family-based service delivery system. Programming is defined as a fluid, flexible, and continuous package of inpatient and aftercare services.
- The importance and unique qualities of family relationships are respected and supported. Services are designed to reconnect and rehabilitate family relationships, regardless of permanency plan.
- When reunification is not possible or desired, successful outcomes are achieved by preserving and supporting optimum family connections, while simultaneously extending permanency options to the extended kinship network, adoptive, or guardian families and working for placement stability (i.e., long-term foster care.
- Each family's unique values and culture are recognized and respected, within an environment that supports them in becoming strong and productive community members. Families, as consumers, are full partners in the planning and evaluation of service delivery.

A comparison of traditional and family-based services is on the next page.

Traditional Services	Family-Based Services
• Focus on child and family deficits; blames family for child's problems.	• Builds on family strengths; invites families help in making child "better."
• Out-of-home care seen as substitute family due to weaknesses of natural family.	• Belief in maintaining connections between child and family.
• Case plan directed to child's needs and overall services for family frequently fragmented.	• Out-of-home care is a supportive/supplemental portions of services to children and family.
• Child's success is tied to progress in the out-of-home care setting; independent of home/community.	• Coordinated case plan focusing on holistic needs of child and family.
• Goals set for child and family by professionals.	• Permanency and family/community connections are directly related to the child's ultimate success.
• Frequent changes/turnover in workers.	• Child and family involved in setting goals and outcomes.
• Long-term, formal service interventions and monitoring.	• Continuity in relationships between workers and family.
	• Prefer combination of targeted intensive interventions with use of natural, community-based services.

Source: Bennett, n.d.

Appendix B
Resource Tools

Project Description

Project neighborhood: Logan School catchment area.

Target population: Priority is given to middle school boys and girls (6th to 8th grade, 11 to 15 years old) who can be diverted from a current placement in residential treatment. A second priority will be placed on youths who are at imminent risk of placement.

Project concept and outcomes: Forging Collaborative Partnerships is designed to accomplish several objectives:

- Improve permanency outcomes for high-risk youths who reside in an inner-city neighborhood.
- Reduce use and cost of services, including out-of-home care, in order to achieve those improved outcomes.
- Provide services in an individualized, fluid, flexible, and culturally responsive manner.
- Use, develop, and enhance neighborhood and community supports to help project families and children succeed.
- Fully integrate the project into the community by creating and maximizing partnerships between neighborhood/city leaders, funders, providers, and consumers.
- Focus on the family as a primary resources to meet project youths' needs for support, treatment, and permanency.

Provider Partnership Agreement

To make collaboration work, service providers will be entering into a unique working arrangement focused on accomplishing the common project objectives. Accordingly, project partnership will demand a willingness to fulfill the following requirements:

- Operate within the framework of the project's philosophy and principles.
- Make a commitment to participate in managing the program.
- Own and demonstrate a sense of urgency and accountability to the resolution of prioritized program and case issues.
- Support the program through joint ownership of accomplishments and problems.
- Review and revise how the partnership functions and operates.

Partnership Committee

To manage this collaboration, a Partnership Committee will be formed that will consist of agencies/individuals who are providing services on this project. This committee will meet weekly to determine provider functions, plan project implementation, administer project operations, and oversee the progress of cases.

Community Activities Committee

Purpose and Function

The purpose of the Community Activities Committee of the Decategorization Project is to oversee the development, coordination, and operation of key innovative projects within the Waterloo community. These projects include Family Preservation/Family Support, Forging Collaboration Partnerships, and Safe Kids/Safe Streets.

To carry out these responsibilities, the Community Activities Committee will meet monthly for the following purposes:

- To be apprised of project activities,
- To plan community involvement and awareness strategies that support project objectives, and
- To monitor project achievements and outcomes.

Community Forums

An important component of the Community Activities Committee's responsibility is planning several community forums for the Forging Collaborative Partnerships project. The purpose of these events will be to generate a high level of community awareness, support for, and involvement in helping project children and families to succeed. Participation from a cross-section of 50 to 75 community and neighborhood professionals, lay persons, and families will be solicited.

Three forums are scheduled in September and November 1996 and January 1997. These events are being sponsored by the Blackhawk County Decategorization Project with financial support from the Annie E. Casey Foundation and technical assistance provided by the Child Welfare League of America.

Provider Participation Options

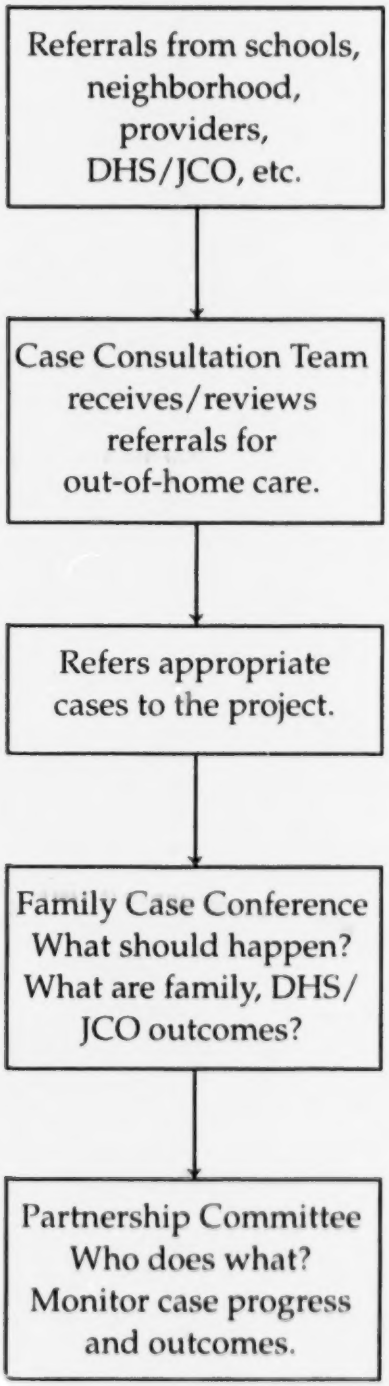
Options	Component	Case
Description	One agency is assigned to provide services to all cases for each specific component.	Each service component can be provided by any number of providers. The selection of provider is determined by case needs.
Advantages	Few provider relationships and case coordination issues to manage. Easier to train, implement, and monitor quality of project principles and practices.	Allows any/all providers to participate in the project. Is case-driven, using the following rank-ordered criteria: • Family has choice, • Use of current/historical provider, • Fits program or service niche of provider, and • Rotates among providers.
Disadvantages	Limits provider participation. Risks being provider-driven.	Requires managing a greater number of and more complex collaboration relationship. Requires dedicating more case-specific coordination time/resources.

Case Coordinator Responsibilities

The primary purpose of the Case Coordinator position is to "micromanage" the delivery system so that an intensive level of services are provided in a timely manner. The following responsibilities are assigned to this position to fulfill that purpose:

- Meet the family and inform them about the project and expected outcomes. Begin to establish rapport and identify family unity meeting participants.
- Identify treatment needs during the family case conference.
- Begin to immediately identify and coordinate needs with other providers and community resources.
- Communicate with residential staff about needs and status of the child.
- Coordinate with the identified providers regarding a joint service plan, or assure compatibility of different service plans.
- Lead or participate in community advisor activities.
- Share responsibility for awareness regarding and/or developing community resources and child/family's access to resources.
- Assure that timeframes are being met with regards to goals/intervention.
- Communicate at least weekly with *all* stakeholders; i.e., family, foster family, community/neighborhood supports, school, DHS/Juvenile Court, providers, etc.
- Arrange case staffings or reviews with all case partners (family, DHS, providers, supports, etc.) at a minimum of once per month.
- Provide crisis intervention as needed.
- Case transition and closure activities, such as celebrations for success and family case conferences to define next steps.

Project Flow Chart


Referrals from schools, neighborhood, providers, DHS/JCO, etc.
Case Consultation Team receives/reviews referrals for out-of-home care.
Refers appropriate cases to the project.
Family Case Conference What should happen? What are family, DHS/ JCO outcomes?
Partnership Committee Who does what? Monitor case progress and outcomes.

Case Progress Management Chart

Child Name: _____ Family Name(s): _____

Objective	Strategy	Point Agency	Target Date Initiation	Target Date Achievement	Status
Focus on family as primary resource to meet needs for support and permanency.					
Reduce use of out-of-home care.					
Improve permanency outcomes.					
Individualize service package that is intensive and focused on successful reintegration into family and community.					
Timely linkage between family/youth and traditional, neighborhood family support resources.					
Reduction in overall, total cost of services.					

Project Status Report: 3/10/97

Project start date:	**12/20/97**
Initial project investment:	**$40,000**
$10,000	Annie E. Casey Foundation: funding to document project start-up.
$10,000	Blackhawk County Decategorization Project: funding for case coordination.
$10,000	Four Oaks: administrative and management staff support and training.
$10,000	Partnership Committee: provider case review, coordination, and planning.
Admissions:	**Five**
Gender:	Three female, two male
Age range:	8 to 13 years
Reason for referral:	All had been placed in residential treatment and were referred with a goal of returning home or achieving permanency sooner.
Project services:	All have day treatment, foster care, family therapy; some have respite and community support services (i.e., Brownies, YMCA).
Project providers:	All have at least four service providers.
Length of service:	One admitted in December, one in January, two in February, one in March.
Case progress:	Three stabilized in foster care with outcome plans; one in subacute residential care; one (sibling group) at risk of disrupting foster care placement.

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About the Author

Anne Gruenewald, M.S., is Senior Vice President for Services at Four Oaks, a nonprofit human service agency in Iowa. She has more than 18 years' experience as a practitioner, supervisor, and administrator in child welfare, mental health, family support, and juvenile justice programs.

The Child Welfare League of America's initiative, "Forging Collaborative Partnerships," is designed to assist voluntary agencies to develop the tools and strategies they need to move toward a family-focused, community-based model for service delivery to children in out-of-home care. The Waterloo Neighborhood Project in Waterloo, Iowa, became a part of this initiative, and this case study describes how that community developed a new vision of service delivery and implemented changes in its delivery system. *Forging Collaborative Partnerships: The Waterloo Neighborhood Project* also examines the experiences that the community gained and outlines the methods that were used to create a effective network of private/public partnerships.

CWLA
Child Welfare League of America
440 First Street, NW, Third Floor
Washington, DC 20001-2085
202/638-2952 • Fax 202/638-4004
http://www.cwla.org

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